Name in Full Certificate of Death

Grafton Bibby

Died at Town Hill Top Dist No 2 County Chas. MARYLAND

Date 1899 Month Jan Day 19 Age Y. 3 M. 6 D. 19 Native of Born in N.Y. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~of~~ Wife

Father's Name John Bibby Mother's Name E. Highland

Cause of Death
Primary Measles 5 How long sick 12 days
Immediate Pneumonia & Pulmonary Congestion ~~Accident, Suicide,~~ Homicide

Reported by S. H. Geake

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

James Brawner

Died at Town Nanjemoy County Chas MARYLAND

Date 1899 Month Jan. Day 3

Age Y. 24 M. D.

Native of Chas Co. Md.

Occupation Farming

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single Widower ~~Number of children~~ living

Husband of Wife

100 100

Father's Name J. J. Brawner

Mother's Name E Haislip

Cause of Death

Primary Diag Pernicious congestion with uremic convulsions.

Immediate violent convul. asph.

How long sick 6 or 7 hours but had been sick. chills etc

Accident, Suicide, Homicide

Reported by S. H. Speake

Address Remo

Was called to see patient about 2 hours before death. found in violent convulsions temp. 107. had Hemorrh[illegible] from Kidneys the evening before & each morning had been vomiting blood etc gradually [illegible] not [illegible] or [illegible] tried Expe.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Thos K Ching

Certificate of Death

Died at Town Wicomico County Charles MARYLAND

Date 1899 Month Jan Day 3

Age Y. 78 M. D.

Native of Maryland

Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ W~~idowe~~r

Number of children living 5

Husband / Wife of — Ching —

Father's Name —

Mother's Name —

Cause of Death: Primary Pneumonia

Immediate 78

How long sick 2 Wks

~~Accident, Suicide, Homicide~~

Reported by H. C. Chappelear

Address Hughesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Lilley Greenfield

Died at Town Waldorf County Charles MARYLAND

Date 1899 Month Jan Day 27 | Age Y. 28 M. 4 D. 8 | Native of Chas | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Blanche Washington

Father's Name Francis Greenfield Mother's Name Jane [illegible]

Cause of Death Primary Gun shot wound How long sick 4 hours.

Immediate Shock 145 a Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr G. A. Turner

Address Waldorf Chas Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full F. Mathew Lancaster

Certificate of De

Died at near Waysides Town Charles County MARYLAND

Date 1899 Month Jan Day 30th Age Y. 70 M. - D. -

Native of Chas. Co. Md

Occupation Physician

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children ~~living~~ none

Husband ~~Wife~~ of Lilly Lancaster

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72

How long sick 8 days.

Immediate Heart Failure

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. Wilds [illegible] Posey M.D.

Address Faulkner Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Rev. Moses Hoge Hunter

Died at Town La Plata County Charles MARYLAND

Data 1899 Month 1 Day 9 Age Y. 80 M. 4 D. 4 Native of Virginia Occupation Clergyman

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband ~~Wife~~ of Nannie C. Hunter 81

Father's Name David Hunter Mother's Name Elizabeth Pendleton

Cause of Death Primary Stomach & bowels troubles How long sick

Immediate with exhaustion ~~Accident, Suicide,~~ Homicide

Reported by P. W. Hawkins M.D.

Address La Plata Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full James Lucas Lyles

Certificate of Death

Died at Town Middletown Dist. County Charles MARYLAND

Date 1899 Month Jan. Day 26

Age Y. — M. 14 D. —

Native of Md

Occupation —

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~ —

Husband / Wife of —

Father's Name Robert Lyles

Mother's Name Celia Jones

Cause of Death
- Primary La Grippe 9
- Immediate Pneumonia

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by L. A. C. Fowler, M.D.,

Address Accokeek, Prince George's Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full — Certificate of Death

Elizabeth Thomas

Died at Town Wicomico County Charles MARYLAND

Date 1899 Month Jany Day 4th | Age Y. 60 M. D. | Native of Charles Co | Occupation

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of Lorenzo Thomas

Father's Name — Mother's Name Jane Contee

Cause of Death — Primary Consumption 2 2 a — How long sick 1 months

Immediate Collapse — Accident, Suicide, Homicide

Reported by Peter W. Roby Undertaker

Address Bel Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full　　Certificate of Death

Elly Washington

Died at Town Nanjemoy dist No 3 v County Chas. MARYLAND

Date 189 9 Month Jan Day 22 | Age Y. 68 M. D. | Native of Md | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife

Father's Name —　　Mother's Name — 9

Cause of Death
- Primary Influenza & Pneumonia　　How long sick 15 days
- Immediate Pneumonia　　Accident, ~~Suicide~~, Homicide

Reported by G. H. Speake

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. [illegible]